COLEMAN associates

PATIENT VISIT REDESIGN™

Patient Visit Tracking ToolKit

A Bird's Eye View of the Patient Experience

Summary Instructions for Tracking Patient Visits

1. In redesign, it's imperative to truly understand the process you are about to redesign. The expeditious route to this understanding is through direct observation.
2. It's best to pair up to track your *first* visit. This allows one person to focus on tracking the patient-related activity while the other person "swims upstream" to locate specific causes of delays.
3. To select a visit to track, go to the front desk. When the next patient signs in, start tracking that patient.
4. As you follow the patient throughout the visit, observe and document all work and interactions associated with the visit.

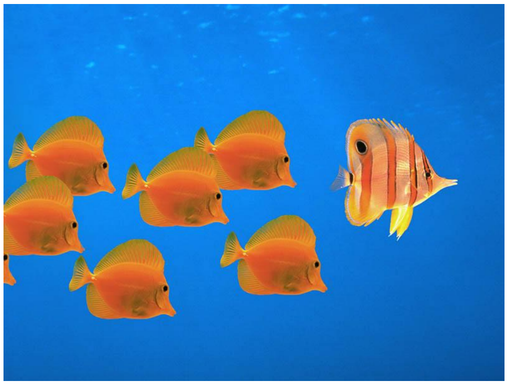
Detailed Instructions for Tracking Patient Visits

Ideally you will work in pairs as you first begin your tracking: two people tracking the same visit using the ***same*** tracking sheet. Make sure you synchronize watches. One person times and notes the patient's progress through the visit while the other person "swims upstream" to discover the reasons for delays and problems. ***After*** tracking at least one visit with someone else, you may elect to track subsequent visits individually.

Track typical visits, avoiding those that will clearly be very short or very long. Later in this section, we provide you with sage advice about how to explain to staff what you are doing and why. Patients are another matter. Should the patient notice you're following him/her around, tell the patient that the health center is studying ways to shorten the patient visit—and then stand back and wait for the rave response!

Begin tracking the patient when he/she enters your facility or clinical area. The clock begins when the patient enters the facility and ends when the patient leaves the facility. On the tracking sheets, please note and time all steps involved in the patient visit.

Please make a copy of the patient's encounter form at the end of the visit. Obliterate the patient's last name, but all other data including diagnosis, CPT codes and remarks will be useful in your analysis.



Please be vigilant observers. When the patient approaches the front desk, for example, position yourself right behind the staff member so you can observe all work as it is completed. Ask any questions that will help you understand the patient visit process but do not suggest solutions. Your job at this time is to understand the process, not fix it. If there are delays, "swim upstream" to discover the reasons.

As might be obvious, team members do not enter exam rooms with patients. Typically, the practitioner is interviewed shortly after the visit to capture the steps in the clinician-patient encounter.

Also, do not interfere in the patient visit in any way unless the patient's health and safety are at risk. It is easy to be seduced into fixing a single visit. We are cold, calculating, and ruthless people who do not care about the single visit. We are warm, fuzzy, and tenacious people who care about all visits. Fix the process and you fix all visits.

During patient downtime, explore the reasons for delay, but only in ways that do not alienate staff. Note duplication of work, wasted steps, missing equipment and supplies that interfere with the visit proceeding smoothly.

Don't worry about the Hawthorne Effect—that people work faster when being observed. We are not concerned with this phenomenon as reengineers. Our interest is in the sequence of tasks and activities required to complete the patient visit. If people want to exhaust themselves by hustling through cumbersome processes, that's their business. Our business is to streamline processes.

Though this process can be tedious during patient downtime, do not alter the exercise to make it more exciting for you. You're not the point. This is the most efficient way of gathering data on the current visit process.

Visit Tracking Sheet Example

Here is an example of a completed tracking sheet. It is only an illustration. Please improve upon it by capturing as much detail as you can. Let's orient ourselves to this form. First, at the top of the page is a header that contains key, but elemental information about the patient and the visit.

STOREYVILLE HEALTH CENTER
PATIENT VISIT TRACKING SHEET

TRACKERS: *Tony Sewell & Audrey Lum*

Appointment Time: *9:15pm*
Date: *August 7, 2007*
Arrival Time: *8:57pm*
Visit Type: *Primary Care*
Provider: *Dr. Rogers*
Patient's Gender & Age: *F/46 y.o.*
Payer Type: *Medical*

This is a fill-in-the-blank affair and with each tracking you'll want to note who tracked the visit, the patient's arrival and appointment times, why the patient came in for a visit, which provider they will be seeing, and the patient's gender and age. Once the action begins, you'll need to enter information about every "step" that occurs during the patient visit. Below you'll see the first few steps of a completed tracking sheet. Look this over before we proceed.

Step	Time	Run Clock	Description of Step	Wait in Min.
1	*8:57*	*0*	*Patient arrives at Cluster B. Patient should be at Cluster A. Clerk, however, checks the patient in at Cluster B so that patient is not sent to Cluster A to start the whole check-in process again. Clerk fills out two coding sheets (Primary Care and Nursing) and the physician referral form with the patient ID number & the name of the physician. Clerk asks the patient several questions designed to resolve eligibility issues – however, this is no guarantee that the patient is eligible to be seen at the center. Eligibility is really not verified because there is no system in place to do this.*	

2	*8:59*	*2*	*Clerk gives patient registration form and sends her over to Cluster A, and then stamps the appointment sheet by patient's name "Registered" and then writes in actual arrival time.*	
3	*9:00*	*3*	*Patient arrives at Cluster A to wait behind two patients before reaching the front of the line to hand her registration form to receptionist, who takes form and tells patient, without ceremony, to take a seat in the waiting room.*	*2*

There are five columns on a tracking sheet. The first just denotes the step number for easy referencing during discussions. The second notes the time when the step is occurring. This is why, when you pair up to do your first tracking, you must synchronize your watches. The third column is the "stopwatch". It tells you how much total time has elapsed *since the patient walked in the door*.

The fourth column is the most important and captures all the detail and observations you make while tracking a particular step in the patient's visit. In this column you also note which staff are involved in doing the work you describe.

And, the fifth column tracks waiting time, whether the patient spends time *sitting* waiting for something to happen, or *standing* waiting for something to happen. The total amount of waiting time is recorded in this column in the row when the waiting *first began*. See the "2" minutes at the far right in Step 3? That tells us that this step resulted in two minutes of waiting (wasted, or non-value added time) for the patient. A few more steps of this visit are below. Model your work on this example and you should be able to produce high quality work even on your first trackings. Remember: The more detail, the better.

Step	Time	Run Clock	Description of Step	Wait in Min.
4	*9:03*	*6*	*Patient sits down in waiting room.*	*10*
5	*9:12*	*15*	*A fellow patient tells the patient to check with a nurse because a nurse called a name (The patient did not hear anything). Patient tries clinic doors in the waiting room in the nurse's supposed direction, however, the doors are locked. The patient finally goes around the cluster desk to find a clerk or nurse. No one is at the front desk at this time.*	

6	*9:13*	*16*	*Nurse looks for patient at cluster seating and then finds the patient at the front of the cluster registration desk. Nurse takes the patient to the "nurse triage room".*	(Note: So the patient waited 10 min. This is noted in Step 4 when the wait began.)
7	*9:14*	*17*	*Nurse Triage – Nurse weighs patient and takes her vital signs (pulse, blood pressure and respiration).*	
8	*9:17*	*20*	*Patient returns to the waiting room.*	*3*
9	*9:20*	*23*	*Patient is called for the visit and goes into examination room.*	

PATIENT VISIT TRACKING SHEET

TRACKERS: ______________________________

Appointment Time: _____
Arrival Time: _____
Provider: ____________
Payer Type: _____________
Date: ________________
Visit Type: ________________
Patient's Gender & Age: __________

Step	Time	Run Clock	Description of Step	Wait in Min.
1				
2				
3				
4				
5				

6				
Step	Time	Run Clock	Description of Step	Wait in Min.
7				
8				
9				
10				
11				
12				
13				
14				

Tips for Breaking the News to Staff

Let's be honest. It is *extraordinarily* unusual for us to study the way we work—which is what you are doing when you track patient visits. And, therefore, your colleagues will not take kindly to your "standing around doing nothing". Be prepared for this. It is not possible to adequately brief staff on Patient Visit Redesign™ prior to tracking visits. Consequently, staff will not understand your intent when you directly observe work processes. They may not understand that direct observation is vital to redesign.

Most staff will associate direct observation with "being watched", which typically precedes "being blamed", a natural, if unfortunate, perspective. Therefore, non-professional staff members are often anxious while being observed. Professional staff are more likely to be miffed because you are not at your regular jobs.

Therefore, whenever you "hit the floor" to track patient visits, you will find it helpful to brief each and every staffer with whom you have *visual* or *verbal* contact. You will find it helpful to make the following points in your briefings:

- We are tracking patient visits to understand the process better.
- These trackings require us to directly observe all steps necessary to complete a patient visit. No step is too small to be observed. In other words, we have to note all work required of you during a patient visit or to prepare for a patient visit.
- Our objective is to thoroughly understand all the work necessary in a patient visit to see if the patient visit can be made faster, simpler, and better for patients and staff. If you have any suggestions about how to accomplish this, please tell us while we do this work.
- As I watch you work, I'll probably ask you some questions so I make sure I really understand what it is you do. Please be patient with me.
- Please understand that we are not evaluating people or judging performance in way, shape, or form. We are looking *only* at systems and processes.

You should plan to complete between ten and twelve trackings. Once they are complete, give yourself a big pat on the back.

After finishing your patient trackings, you'll want to translate these into graphic "maps" so you easily see the patterns of dysfunction in your current process. Go to www.patientvisitredesign.com to the How to Start section and download the tool: Visit Mapping ToolKit.